



Questionnaire for Salary Determination

CPAC Representative:

Title, Series and grade of position offered:

RPA Number:

The information you provide in this questionnaire will be used to determine your salary. Please thoroughly complete the appropriate section below.

Section A. CURRENT FEDERAL EMPLOYEES ONLY

1. What is your current Pay Plan (PP), series, grade, step and salary?

Title:				
PP (WG/GS)	Series	Grade	Step	Salary

2. Are you currently on a Temporary or Term Appointment? Yes ☐ No ☐ Not Sure ☐

3. Are you currently on a special salary rate? Yes ☐ No ☐ Not Sure ☐

4. Is your current rate of pay based on PMRS? Yes ☐ No ☐ Not Sure ☐

5. Are you currently on grade retention? Yes ☐ No ☐ Not Sure ☐

If Yes, what grade?

Date it began:

6. Are you currently on pay retention? Yes ☐ No ☐ Not Sure ☐

7. What was the date of your last within-grade increase?

To what step?

8. Within the last 12 months, have you had any LWOP in excess of 80 hours? Yes ☐ No ☐ Not Sure ☐

If Yes, please provide dates: From:

To:

9. Are you currently on a temporary promotion? Yes ☐ No ☐ Not Sure ☐

If Yes, please provide dates: From:

To:

Section B. REINSTATEMENT ELIGIBLES (Former Federal Employees)

1. When were you last employed with the Federal government?
From: _____ To: _____
2. Provide the title/Pay Plan (PP)/series/grade/step and last salary in table below.

Title:				
PP (WG/GS)	Series	Grade	Step	Salary

3. Were you on a special salary rate? Yes ☐ No ☐ Not Sure ☐
4. What was the highest grade/step you have ever held?

Section C. CURRENT NONAPPROPRIATED FUNDS (NAF) OR AAFES EMPLOYEES

1. Provide the dates of employment. From: _____ To: _____
2. What was your salary/rate of pay when you left?

Section D. SELECTEE CERTIFICATION & CONTACT INFORMATION

I understand I may be required to provide substantiating documentation to verify any/all of the information provided above. If such documentation is needed, I can be reached by email or at the following phone numbers during times indicated:

Full Name			Time Zone
Daytime Phone:		Hours:	
Evening Phone:		Hours:	

Certification: The information provided in this statement is true and correct to the best of my knowledge and belief. I understand that if I provide false information I will be required to reimburse the government for any amount I may have received; that I will be subject to disciplinary action that may result in termination of my employment; and that I may be subject to criminal action.
(Initials).